



# Building a Bridge to Better Health Coalition (BBBHC)

*Enriching Community Transitions & Healthcare  
through Communication, Collaboration and Coordination*



## **Meeting Summary** **Thursday, March 26, 2015, 10:00am** **Cherokee Health Systems, Knoxville, TN**

### **ATTENDEES**

21 people attended representing 14 different organizations.

### **WELCOME / INTRODUCTIONS**

Dottie Lyvers, East Tennessee Area Agency on Aging and Disability, welcomed everyone and asked all members and guests to introduce themselves. Cherokee Health Systems was thanked for hosting the meeting.

### **MEMBER SURVEY RESULTS**

Results of the survey completed by members was distributed and highlighted (see results following the meeting summary for details).

- Charter – Most responded favorably. A sign-up sheet was distributed for those willing to serve on a workgroup to discuss. The workgroup will meet to draft and bring final recommendations to the full membership
- Meeting Date / Time – will continue on the 4<sup>th</sup> Thursday at 10:00am
- Workgroups – based on feedback in survey and response from those in attendance, 2 workgroups will be created (Medication Safety and Post-Acute). Post-Acute can incorporate many of the ideas listed on the survey including hospice, community needs, communication, etc.
- Workgroups Meeting Time – response was mixed about when the workgroups should meet. For now, time will be allotted within the monthly BBBHC meetings. Meetings outside of that time will be up to the individual workgroups.
- Member Directory – all were in favor of continuing. A draft Member Directory was circulated. Members were asked to revise their information or, if new, share information via the Member Information Sheet (see sheet following the meeting summary).
- Symposium – interest was shared about holding an educational program / Symposium.

### **MEDICATION SAFETY WORKGROUP**

12 members in attendance.

Chair: Walter Fitzgerald, South College School of Pharmacy

Co-Chair: Nicole Rosenke, East Tennessee Discount Drugs

Goal: Identify Adverse Drug Events (ADE) / Preventable Adverse Drug Events (pADE) coming out of providers in East TN.

Discussed direction and goals. Group will meet monthly. Will continue populating the worksheet at next meeting: Objectives, action steps, measurables. Opportunity for data

through East Tennessee Health Information Network (etHIN), a Regional Health Information Organization that manages state-of-the-art technology to provide access to patient information by authorized participating health care providers, mostly hospitals. etHIN to explore if permission needed from providers. Would like to go back one year and establish baseline data for ADEs. Another data source for intervention is from a clinical pharmacy that is offering in-home counseling for medications and tracking outcomes.

#### **POST-ACUTE WORKGROUP**

9 members in attendance. Chair and co-chair to be identified at a later date.

Goal: Focused on Communication. Create a standardized process for communication - the minimum information that is needed. This may include communication between patients, community based organizations and healthcare providers.

Discussion around need for reading evaluation during hospital stay due to literacy issues among patients. Discussed conducting a small pilot on health literacy of patients with several organizations (such as hospitals, community based organization, ACO, hospice, home health, home care). Would pick a specific group / population / diagnosis to pilot. Different organizations involved could help assess if it makes a difference based on the patient population. Suggested piloting with 10 patients per location.

Other discussion: University of Tennessee Medical Center is piloting teach-back training with patients on one of their units. If all organizations use same method of communication with patients, it will help patients hear the information (need to all use simplistic information – no acronyms or big words). etHIN in early stages of a patient portal development. etHIN could possibly help with the communication – could interface with all current patient portals used by providers. Suggest meeting “virtually” to discuss research base, population base, etc.

Action Steps identified so far:

- Obtain Universal Transitions of Care Tools
- Pilot assessment for health literacy (and use a measurement tool, such as the REALM), and then communicate that with the healthcare community.
- Invite others to join workgroup (from diverse organizations) to draft Universal Transitions of Care communication tool

Next Steps:

- Obtain Universal Transition of Care Tool from Chattanooga Community
- Research Health Literacy assessment tools
- Ask all BBBHC members about current use of a Universal Transition of Care form
- Explore options, such as Webex, for Workgroup meeting

#### **NEXT BUILDING A BRIDGE TO BETTER HEALTH COALITION MEETING**

**Thursday, April 23, 2015– 10:00am, Knox County Health Department**

---